

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT'S
107070471

Booker

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1		1		
2		1		1		1	
3		2		2		1	
4		1		1		1	
5		1		1		1	
6		1		1		1	
7		1		1		1	
8	1		1		1		
9		1		1		1	
10		2		2		1	
11		1		1		1	
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50							
TOTAL IND.	2		2		2		
TOTAL DEP.	12		12		10		
TOTAL CLAIMS	14		14		12		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENTS